

FILED MAR 9 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 5308
 Registrar's No. 3

BIRTH NO. _____ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 5677

1. PLACE OF DEATH a. COUNTY LINCOLN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY LINCOLN	
b. CITY OR TOWN RURAL UNION	c. LENGTH OF STAY (in this place) LIFETIME	c. CITY OR TOWN RURAL UNION 0570	
d. FULL NAME OF HOSPITAL OR INSTITUTION Z.M.W. WHITESIDES		d. STREET ADDRESS (If rural, give location) Z.M.W. WHITESIDES	
3. NAME OF DECEASED (Type or Print) a. (First) MICHAEL b. (Middle) HUGH c. (Last) CURRY		4. DATE OF DEATH (Month) (Day) (Year) FEB 20 50	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) N MARRIED 0	8. DATE OF BIRTH SEPT 29 - 1969
9. AGE (In years last birthday) 80		# UNDER 1 YEAR Months 4 Days 21	# UNDER 24 HRS. Hours 0 Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (State or foreign country) CLARKSVILLE Mo
12. CITIZEN OF WHAT COUNTRY? US		13a. FATHER'S NAME SAMUEL CURRY	
13b. MOTHER'S MAIDEN NAME ELLEN FLANAGAN		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MICHAEL FLANAGAN WHITESIDES
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		ANTecedent CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. age		DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from Jan 27, 1950 , to Feb 11, 1950 , that I last saw the deceased alive on Feb 11, 1950 , and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE R. M. Penn, M.D.		23b. ADDRESS Siles Mo	
23c. DATE SIGNED Feb 22 '50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE FEB 23 - 50		24c. NAME OF CEMETERY OR CREMATORY ST. PHONGUS CEMETERY	
24d. LOCATION (City, town, or county) (State) MILLWOOD Mo		25. FUNERAL DIRECTOR'S SIGNATURE J. O. Mullen	
25. ADDRESS Home Bowling Green, Mo.		DATE REC'D BY LOCAL REG. 3/2/50	
REGISTRAR'S SIGNATURE Mrs. J. A. Dwyer		164	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10570
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RECEIVED
MAR 8 1950
District Health Officer No. 9,

District File Number

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed James O. Mudd

Licensed Embalmer No. 41521

P. O. Address Bowling Green, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.